| PATENT APPLICATION FEE DETERMINATION RECO | | | | | | | | | Application or Docke: Number | | | | |
|---|--|---|----------------------------------|-----------------------------------|-----------------------|----------------------------------|-------|--|------------------------------|----------|------------------------------|------------------------|--|
| | PATENT | RD | ASAM 0099 | | | | | | | | | | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY | | | | | |
| TOTAL CLAIMS | | | 16 | | • | | ſ | RATE FEE | | 7 | RATE | FEE · | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | | BASIC FEE 385.00 | | OR | BASIC FEE | 770.00 | |
| TOTAL CHARGEABLE CLAIMS | | | (6 minus 20= | | • | | | XS 9= | | OR | X\$18= | | |
| INDEPENDENT CLAIMS . | | | 3 minus 3 = | | • | | ı | X43= | | OR | X86= | | |
| ML | ILTIPLE DEPEN | NDENT CLAIM P | RESENT | | | | | ÷145= | † . | OR | +290= | · | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | L | TOTAL | | OR | TOTAL | 771) | | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | <u> </u> |] | OTHER | THAN | |
| | (Column 1) (Column 2) (Column 3) | | | | | | | SMALL | ENTITY | OR | SMALL | | |
| AMENDMENTA | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUME PREVIO PAID I | BER | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE |] | RATE | ADDI- TIONAL FEE | |
| | Total | . 16 | Minus | - 2 | 0 | | | XS 9= | | OR | `X\$18≖ | | |
| | Independent | · 3 | Minus | - 2 | <u>/</u> | | X43= | | | OR | X86= | | |
| | FIRST PRESE | NIATION OF M | JETIPLE DEPENDENT CLAIM | | | | | +145= | | OR | +290= | | |
| | | | | | | | L | TOYAL | | | TOTAL | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | L |] | ADDIT. FEE | | |
| IENT B | | CLAIMS REMAINING AFTER AMENDMENT | · | HIĞHE NUMB PREVIO PAID F | ST ER USLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| AMENDMENT | Total | · 6 | Minus | - 2 | .0 | • | | XS 9= | | OR | X\$18= | | |
| | Independent | NTATION OF MU | Minus | ENDENT | CI AISA | | X43= | | | OR | X86= | | |
| | THO PRESE | TATION OF INC | CIPCE DEP | ENDENT | CCAIM | | Ŀ | 145= | | OR | +290= | · | |
| | | | | | | | | TOTAL DIT. FEE | · | OR , | TOTAL LODIT, FEE | | |
| | | | • | | | | | | | | | | |
| | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUMBI PREVIOL PAID P | er JSLY | PRESENT EXTRA | F | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | • | Minus | ** | | • | \[\] | (\$ 9= | | OR | X\$18= | | |
| | | | Minus | *** | • | s . | X43= | | | | X86= | | |
| ٦ [| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | OR | ~~ - | | |
| * If the entry in column 1 is tess than the entry in column 2, write "0" in column 2. | | | | | | | | | | OR | +290= | | |
| -11 | the "Highest Num the "Highest Num | nber Previously Pai nber Previously Pai per Previously Paid | of for in This of For in This | SPACE is I | ess than less than | 20, enter "20." 3, enter "3." | | TOTAL DIT. FEE in the ap | | | TOTAL DDIT. FEEL mn 1. | | |